

# County of San Diego Emergency Medical Services



## Check One

- ☐ County of San Diego EMS System Identification Card  
☐ EMT-B Certification/Recertification  
☐ EMT-B ETAD Accreditation  
☐ PS-D Accreditation  
☐ EMT-Paramedic Accreditation/Renewal  
☐ Mobile Intensive Care Nurse Authorization/Reauthorization

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address, Apt, P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone with area code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

County of San Diego EMS System Employer: \_\_\_\_\_

YES NO Have you been previously certified an EMT-B in the County of San Diego? If yes, indicate the previous certification # \_\_\_\_\_

YES NO Has your existing License, Certification, Authorization, or Accreditation lapsed? If yes, enter the date of lapsed: \_\_\_\_\_

YES NO Is your License, Certification, Authorization or Accreditation currently on probation or suspension? \_\_\_\_\_

YES NO Have you ever had a Prehospital License, Certification, Authorization or Accreditation Suspended, denied or revoked? If YES, or if you have ever been placed on probation or are under investigation at this time, you must attach with this application a written explanation that describes the action, and any corrective action, and/or remediation as a result of the action.

YES NO Have you ever been convicted of any Misdemeanor or Felony in California or any other county/state, including entering a plea of nolo contendere or no contest? You must disclose any convictions which has been expunged (Penal Code Section 1203.4) You must answer this question or your application will be returned. If YES, attach any applicable court documents and police reports.

## EMT-B Applicant

☐ New Certification, in the County of San Diego. If you have previously certified as an EMT-B by another county/state within the past four years, indicate the county/state of certification: \_\_\_\_\_

☐ Recertification – Prior County of San Diego EMT-B Certification # \_\_\_\_\_

## EMT-P Accreditation

California EMT-P License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ New Accreditation

☐ Renewal – Prior County of San Diego EMT-P Accreditation # \_\_\_\_\_

MICN Applicant: R.N. License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ New Authorization – Attach proof of completion MICN training, verification of ride-along and orientation to the base hospital.

☐ Reauthorization – Complete education section on reverse side.

## All Applicants

I hereby certify that all information contained on this application and accompanying documents, are true and correct to the best of my knowledge and belief. I understand that any falsification or omission of material facts may cause forfeiture on any part of my County of San Diego License, Certification, Authorization or Accreditation. I understand all information on this application is subject to verification or audit and I hereby give my permission for the County of San Diego and its agents to verify information hereon.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lic/Cert/Accred/Auth	Issue Date	Expiration Date	Live Scan	Data Entry By

If processing via mail please include a digital photo, check/money order for \$17.00, stamped self-addressed envelope plus the following documents:

## County of San Diego EMS System ID Card

- Current Out of County EMT-B card
- Current CPR Card

## EMT-B Certification

- Current EMT-B Training Center Course Completion
- Current NREMT-B Card
- Current CPR Card
- Live Scan (background check)

MAIL TO: COUNTY OF SAN DIEGO EMS  
6255 MISSION GORGE ROAD  
SAN DIEGO, CA 92120-3599  
ATTN: CERTIFICATION PROCESSING

Office (619) 285-6429

Fax (619) 285-6531

## EMT-B Recertification

- Current State of California EMT-B Card
- Current CPR Card
- Current State of California Skills Competency Verification Form
- 24 hours of authorized CE's or 24 hour approved refresher class
- If you have not all ready done so, Live Scan (background check)

### EMT-B ETAD Card

- Current CPR Card
- Current County of San Diego EMT-B Card
- Current ETAD Course Completion

## EMT-P Accreditation or Renewal of Accreditation

- Current ACLS Card
- Current State of California Paramedic License
- Certificate of completion from an Accreditation Workshop (if was trained out of County)

**MICN** – Complete the Continuing Education Table below, must list a minimum of 24 hours of field care activity.

[illegible]